

<i>SERFF Tracking Number:</i>	<i>GRAX-125880760</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40727</i>
<i>Company Tracking Number:</i>	<i>P2201408AR</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Life Individual Term</i>		
<i>Project Name/Number:</i>	<i>Life Individual Term/P2201408AR</i>		

Filing at a Glance

Company: Great American Life Insurance Company

Product Name: Life Individual Term

SERFF Tr Num: GRAX-125880760 State: ArkansasLH

TOI: L04I Individual Life - Term

SERFF Status: Closed

State Tr Num: 40727

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Co Tr Num: P2201408AR

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: SPI

Disposition Date: 10/31/2008

GreatAmericanFinancialRes

Date Submitted: 10/30/2008

Disposition Status: Approved

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Life Individual Term

Status of Filing in Domicile: Pending

Project Number: P2201408AR

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/31/2008

State Status Changed: 10/31/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Form P2201408AR is an individual indeterminate premium term life insurance policy. The initial premium levels are guaranteed for periods of 5, 10, 15, 20 or 30 years. After the initial level premium period, the premium rates increase annually to age 95, on a current and guaranteed basis.

This form will only be issued to current policyholders who exercise their contractual right to exchange their term policy

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for another term policy at the end of their guaranteed period. No agent will be involved in this process. This policy will not be illustrated. An actuarial memorandum and applicable rates are being filed under separate cover.

Application form number A2201708NW will be used to apply for this policy. It has been approved under separate cover on 10/20/2008, under file tracking # 40571.

Company and Contact

Filing Contact Information

Stephen Essman, Compliance Specialist	sessman@gafri.com
P. O. Box 5420	(513) 412-2731 [Phone]
Cincinnati, OH 45201-5420	(513) 412-1470[FAX]

Filing Company Information

Great American Life Insurance Company	CoCode: 63312	State of Domicile: Ohio
P. O. Box 5420	Group Code: 84	Company Type:
Cincinnati, OH 45201-5420	Group Name: Great American	State ID Number:
	Financial Resources, Inc.	
(800) 854-3649 ext. [Phone]	FEIN Number: 13-1935920	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Life Insurance Company	\$50.00	10/30/2008	23582629

SERFF Tracking Number:	GRAX-125880760	State:	Arkansas
Filing Company:	Great American Life Insurance Company	State Tracking Number:	40727
Company Tracking Number:	P2201408AR		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name:	Life Individual Term		
Project Name/Number:	Life Individual Term/P2201408AR		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/31/2008	10/31/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	10/31/2008	10/31/2008	SPI GreatAmericanFinancialRes	10/31/2008	10/31/2008

SERFF Tracking Number:	GRAX-125880760	State:	Arkansas
Filing Company:	Great American Life Insurance Company	State Tracking Number:	40727
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TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name:	Life Individual Term		
Project Name/Number:	Life Individual Term/P2201408AR		

Disposition

Disposition Date: 10/31/2008

Implementation Date:

Status: Approved

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Great American Life Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

SERFF Tracking Number: GRAX-125880760 State: Arkansas

Filing Company: Great American Life Insurance Company State Tracking Number: 40727

Company Tracking Number: P2201408AR

TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Life Individual Term

Project Name/Number: Life Individual Term/P2201408AR

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	AR - CONSENT TO SUBMIT RATES AND/OR COST BASES FOR APPROVAL		Yes
Supporting Document (revised)	Cover Letter		Yes
Supporting Document	Cover Letter	Replaced	Yes
Supporting Document	Regulation 19 Certification		Yes
Supporting Document	Guaranty Association Notice		Yes
Supporting Document	Complaint Notice		Yes
Form (revised)	Term Life Insurance to Age 95		Yes
Form	Term Life Insurance to Age 95	Replaced	Yes
Form	Policy Specifications Pages for 5 year Term		Yes
Form	Policy Specifications Pages for 10 year Term		Yes
Form	Policy Specifications Pages for 15 year Term		Yes
Form	Policy Specifications Pages for 20 year Term		Yes
Form	Policy Specifications Pages for 30 year Term		Yes
Rate	Level Term Rates		Yes
Rate	Annual Renewal Rates		Yes

SERFF Tracking Number: GRAX-125880760 State: Arkansas
Filing Company: Great American Life Insurance Company State Tracking Number: 40727
Company Tracking Number: P2201408AR
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Life Individual Term
Project Name/Number: Life Individual Term/P2201408AR

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/31/2008
Submitted Date 10/31/2008

Respond By Date

Dear Stephen Essman,

This will acknowledge receipt of the captioned filing.

Objection 1

- Term Life Insurance to Age 95 (Form)
- Certification/Notice (Supporting Document)

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 6-87 and Bulletin 11-88 further address this issue. Please review your issue procedures and assure us that you are in compliance with Ark. Code Ann. 23-79-138 as provided by these bulletins.

Regulation 49 requires that a Life and Health guaranty notice be give to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Please refer to policy General Provisions under the Suicide provision. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/31/2008
Submitted Date 10/31/2008

SERFF Tracking Number: GRAX-125880760 *State:* Arkansas
Filing Company: Great American Life Insurance Company *State Tracking Number:* 40727
Company Tracking Number: P2201408AR
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Life Individual Term
Project Name/Number: Life Individual Term/P2201408AR

Dear Linda Bird,

Comments:

Ms. Linda Bird
Compliance - Life and Health
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: Resubmission for Approval - Great American Life Insurance Company
P2201408AR Term Life Insurance to Age 95
P2201408AR-5 Policy Specifications Pages for 5 year Term
P2201408AR-10 Policy Specifications Pages for 10 year Term
P2201408AR-15 Policy Specifications Pages for 15 year Term
P2201408AR-20 Policy Specifications Pages for 20 year Term
P2201408AR-30 Policy Specifications Pages for 30 year Term
Depart. File # 40727

Dear Ms. Bird:

Thank you for your review of this filing and your letter dated 10/31/2008. Please allow me to address the issues in the order in which they appeared.

Response 1

Comments: Attached, please find form number N6122008AR, Complaint Notice, which will be provided in the policy packet of the policyholder when it is delivered. This should satisfy Ark. Code Ann. 23-79-138.

Attached, please find form number N6001806AR, Guaranty Notice, which will be provided in the policy packet of the policyholder when it is delivered. This should satisfy Regulation 49.

As requested, attached, please find a certification to Regulation 19.

Please be advised, we have revised the Suicide provision of policy form P2201408AR with the removal of the following language; "If this Policy is reinstated, the Proceeds will not be paid if the Insured commits suicide while sane or insane within two (2) years from the date of reinstatement." We trust this will satisfy compliance with Ark. Code Ann. 23-81-

SERFF Tracking Number: GRAX-125880760 State: Arkansas
Filing Company: Great American Life Insurance Company State Tracking Number: 40727
Company Tracking Number: P2201408AR
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name: Life Individual Term
Project Name/Number: Life Individual Term/P2201408AR

115(a)(2)(E).

Related Objection 1

Applies To:

- Term Life Insurance to Age 95 (Form)
- Certification/Notice (Supporting Document)

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 6-87 and Bulletin 11-88 further address this issue. Please review your issue procedures and assure us that you are in compliance with Ark. Code Ann. 23-79-138 as provided by these bulletins.

Regulation 49 requires that a Life and Health guaranty notice be give to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Please refer to policy General Provisions under the Suicide provision. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Cover Letter

Comment:

Satisfied -Name: Regulation 19 Certification

Comment:

Satisfied -Name: Guaranty Association Notice

Comment:

Satisfied -Name: Complaint Notice

Comment:

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Term Life Insurance to	P2201408		Policy/Contract/Fraternal	Initial		53	P2201408

SERFF Tracking Number:	GRAX-125880760	State:	Arkansas
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Product Name:	Life Individual Term
Project Name/Number:	Life Individual Term/P2201408AR

Age 95	AR	Certificate	AR.PDF
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Previous Version

Term Life Insurance to	P2201408	Policy/Contract/Fraternal Initial	53	P2201408
Age 95	AR	Certificate		AR.PDF

SERFF Tracking Number: GRAX-125880760 *State:* Arkansas
Filing Company: Great American Life Insurance Company *State Tracking Number:* 40727
Company Tracking Number: P2201408AR
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Life Individual Term
Project Name/Number: Life Individual Term/P2201408AR

No Rate/Rule Schedule items changed.

With this information, I look forward to receiving a favorable response to this filing.

If you have any questions or require additional information regarding this submission, please feel free to contact me at either of the phone numbers indicated below or via e-mail at sessman@gafri.com.

Sincerely,

Stephen E. Essman, ACS, AIAA, AIRC
Compliance Specialist

Sincerely,
SPI GreatAmericanFinancialRes

SERFF Tracking Number: GRAX-125880760 State: Arkansas

Filing Company: Great American Life Insurance Company State Tracking Number: 40727

Company Tracking Number: P2201408AR

TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Life Individual Term

Project Name/Number: Life Individual Term/P2201408AR

Form Schedule

Lead Form Number: P2201408AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	P2201408AR	Policy/Cont ract/Fratern al Certificate	Term Life Insurance to Age 95	Initial		53	P2201408AR. PDF
	P2201408AR-5	Schedule Pages	Policy Specifications Pages for 5 year Term	Initial		0	P2201408AR- 5.PDF
	P2201408AR-10	Schedule Pages	Policy Specifications Pages for 10 year Term	Initial		0	P2201408AR- 10.PDF
	P2201408AR-15	Schedule Pages	Policy Specifications Pages for 15 year Term	Initial		0	P2201408AR- 15.PDF
	P2201408AR-20	Schedule Pages	Policy Specifications Pages for 20 year Term	Initial		0	P2201408AR- 20.PDF
	P2201408AR-30	Schedule Pages	Policy Specifications Pages for 30 year Term	Initial		0	P2201408AR- 30.PDF



A Stock Insurance Company
Home Office: Cincinnati, Ohio
Life Products: P.O. Box 5416, Cincinnati, Ohio 45201-5416
Phone: (888) 863-5891

TERM LIFE INSURANCE TO AGE 95

**Proceeds payable if the Insured dies while this policy is in force.
Premiums payable while the Insured is alive until the Expiration Date.
Convertible
Non-participating**

GREAT AMERICAN LIFE INSURANCE COMPANY[®] AGREES: to 1) pay the Proceeds to the Beneficiary on receipt at its Life Administration Office of due proof that the Insured died while this Policy ("Policy") was in force; and 2) provide the other rights and benefits according to the terms and conditions of this Policy.

THIRTY DAY RIGHT TO EXAMINATION

You may cancel this Policy by returning it and giving us written notice of cancellation. You have until midnight of the thirtieth (30th) day following the day you received this Policy and any attachments. This Policy must be returned and the required notice must be given to us, or to the producer through whom it was purchased, in person or by mail. If by mail, the return of the policy or the notice is effective on the date it is postmarked, with the proper address and with postage pre-paid. If you cancel this Policy as set forth above, this Policy will be void and all premiums paid, will be refunded.

This Policy is a legal contract between the Owner and Great American Life Insurance Company.

PLEASE READ YOUR POLICY CAREFULLY!

Signed for Great American Life Insurance Company on the Policy Date.

**MARK F. MUETHING
SECRETARY**

**CHARLES R. SCHEPER
PRESIDENT**

TABLE OF CONTENTS	Page
DEFINITIONS.....	5
GENERAL PROVISIONS	6
Contract.....	6
Modifications.....	6
Incontestability	6
Suicide.....	6
Protection of Payments	6
Age or Sex.....	6
End of Policy.....	6
DEATH BENEFIT PROCEEDS.....	7
Proceeds	7
PREMIUMS AND REINSTATEMENT	7
Premium Payments.....	7
Premium Rates	7
Grace Period.....	8
Reinstatement.....	8
Reserve Basis.....	8
OWNERSHIP AND BENEFICIARY.....	8
Owner.....	8
Beneficiary.....	8
Change.....	8
Assignment.....	9
EXCHANGE	9
The New Policy	9
CONVERSION	9
The New Policy	9
PAYMENT OF BENEFITS.....	10
Payment	10
Payment Options	10
Payment Frequency	10
Payment Option Guidelines.....	11
Minimum Income Tables	11

DEFINITIONS

When We use the following words, this is what We mean:

Age: The insured's age nearest birthday.

Attained Age: The Insured's age nearest birthday as of a Policy Anniversary.

Expiration Date: The date this Policy is scheduled to end. This date is shown on the Policy Specifications page.

Face Amount: The amount of insurance as shown on the Policy Specifications page or otherwise endorsed in this Policy.

Insured: The person whose life is insured under this Policy, as shown on the Policy Specifications page.

Policy Anniversary: The same day and month as your Policy Date for each succeeding year Your Policy stays in force.

Policy Date: The date this Policy takes effect, as shown on the Policy Specifications page. This is also the date from which Policy Anniversary, Policy Years and Policy Months are determined.

Policy Month: A period beginning each month on the day of the Policy Date and ending the next month on the day preceding the date of the Policy Date.

Policy Year: A period of twelve (12) months beginning each year on the month and day of the Policy Date.

We, Us, Our: Great American Life Insurance Company®

You, Your: The Owner of this Policy.

Written Request: A request in writing signed by You. All correspondence with us should be sent to our Life Administration Office: P.O. Box 5416, Cincinnati, Ohio 45201-5416. We may require that Your Policy be sent in with Your request.

GENERAL PROVISIONS

Contract

The entire contract consists of this Policy, the attached application(s), amendments or endorsements attached to this Policy. All statements in the application will be representations and not warranties. No statement will be used to void this Policy, or to contest a claim under it, unless it appears in the application(s).

Modifications

No producer has the authority to modify, change or waive any provisions of this Policy. A modification will only be valid if it is in writing and signed either by Our President, a Vice President or the Secretary. We may request that You submit this Policy for endorsement.

Incontestability

We will not contest this Policy after it has been in force during the Insured's life for two (2) years from the Policy Date.

If this Policy is reinstated, this provision will be measured from the reinstatement date and will be limited to material misrepresentations in the reinstatement application.

Suicide

If the Insured commits suicide while sane or insane within two (2) years from the Policy Date, the Proceeds will not be paid. Instead, the beneficiary will receive an amount equal to the premiums paid. If the law of the state where this Policy is issued provides a shorter period, that law will govern.

Protection of Payments

Unless You and We agree to it, or unless otherwise provided in this Policy, no one entitled to receive the Proceeds under this Policy may commute, pledge or assign any part of such Proceeds. To the extent permitted by law, such Proceeds shall not be subject to the claims of any Payee's creditors or to legal process against any Payee.

Age or Sex

If the Insured's age or sex is misstated in the application, the Face Amount will be adjusted. The adjusted amount will be the Face Amount the premium would have provided based on the Insured's correct age and sex.

The age shown on the Policy Specifications page is the Insured's age as of the Policy Date.

End of Policy

This Policy will end on:

- 1) the date We receive Your Written Request to cancel;
- 2) the date the Insured dies;
- 3) the Expiration Date of the Policy;
- 4) the date the grace period ends if sufficient premium has not been paid;
- 5) the conversion date; or
- 6) the exchange date,

whichever is earlier.

DEATH BENEFIT PROCEEDS

Proceeds

If the Insured dies while this Policy is in force and before the Expiration Date, We will pay the Proceeds to the Beneficiary. If the proceeds are not paid within 30 days, after proof of the Insured's death has been furnished to Us, interest upon any unpaid proceeds shall accrue interest from the date of the Insured's death to the date of payment. The Proceeds are the sum of:

- 1) the Face Amount; plus
- 2) that portion of any premium paid which applies to a period beyond the month in which the Insured dies; less
- 3) any unpaid premium if death occurs during the grace period.

We will pay the Proceeds to the Beneficiary after We receive due proof of death and proper written claim.

PREMIUMS AND REINSTATEMENT

Premium Payments

The first premium payment must be paid no later than when this Policy is delivered. It can be paid to Us at Our Life Administration Office or to our producer. There is no insurance unless the first premium is paid and all statements and answers in all parts of the application(s) remain correct. All premiums after the first must be received by Us on or before the date it is due at Our Life Administration Office. Each premium after the first is due on the first day of the Policy Month following the end of the period for which the preceding premium was paid.

You may choose the frequency of the payments. Premiums may be paid annually, semi-annually, quarterly or monthly (bank draft only). We will send You premium notices to Your last known address according to the frequency (except for monthly bank draft) chosen by You and shown on the Policy Specifications page. The frequency of the payments can be changed to any mode shown on the Policy Specifications page at any time by sending Us a Written Request.

Premium Rates

The premium on the Policy Date is the premium shown on the Policy Specifications page. The premium will remain level for the Policy Years in the Annual Premium Schedule on the Policy Specifications page. After this period all subsequent premiums for term life insurance will never exceed the premiums in the Guaranteed Maximum Premium Schedule on the Policy Specifications page. We will provide You with written notice, such as a premium notice, of each premium change. Any policy fee shown is included in the annual premiums shown in the Annual Premium Schedule and the Guaranteed Maximum Premium Schedule.

Premiums are based on our expectations regarding such factors as mortality, investment earnings and expenses. Any change in the premium will be based on the prospective reevaluation of such factors. We will apply any change in the premium on a uniform basis to all insureds of the same age, sex and rate class whose policies are for the same amount of insurance and have been in force for the same length of time. We will not change the premium or rate class because of changes in the Insured's health, occupation or other risk factors after this Policy takes effect.

Grace Period

Any premium other than the first not paid when due, prior to the Expiration Date shown on the Policy Specifications page, must be paid within a grace period of 31 days after its due date. The Policy will continue in force during the grace period. If the premium is not received by Us by the end of the grace period, this Policy will terminate on the date after the grace period ends.

If the Insured dies during the grace period, We will pay the Proceeds, but will deduct the premium needed to cover the period from the beginning of the grace period to the end of the Policy Month in which the Insured died.

Reinstatement

This Policy may be reinstated, if the grace period has ended without the payment of the premium due and this Policy has terminated. The reinstatement requirements are:

- 1) submit a Written Request within five (5) years after the end of the grace period and before the Expiration Date;
- 2) provide evidence of insurability acceptable to Us that the Insured's health, occupation and other risk factors have not materially changed since the Policy Date; and
- 3) pay all overdue premiums plus eight percent (8%) interest per year, compounded annually from their due dates to the date of reinstatement.

The date of reinstatement will be the first day of the Policy Month on or next following the date We approve Your application for reinstatement.

Reserve Basis

The reserves for this Policy are equal to or greater than those required by law. A detailed statement of the method of computing reserves has been filed with the insurance supervisory official of the state in which this Policy is delivered.

OWNERSHIP AND BENEFICIARY

Owner

The Owner of this Policy is the Insured person shown on the Policy Specifications page, unless stated otherwise in the application or later changed. As Owner, You can exercise all rights under Your Policy while the Insured is alive. If a new Owner is named, any earlier designations will be void.

Beneficiary

The Beneficiary is the person or persons named by You to receive the Proceeds when the Insured dies. If two (2) or more Beneficiaries are alive when the Insured dies, We will pay them in equal shares unless You have chosen otherwise. If no Beneficiary is alive when the Insured dies, You will be the beneficiary, if living, otherwise the Proceeds will be paid to Your estate.

Change

You may change the Owner or Beneficiary by sending us a Written Request at any time while the Insured is alive. The requested change will not take effect until it is recorded at our Life Administration Office. Once recorded, it will take effect as of the date You signed it. The change will not apply to any payment made by Us before Your request is recorded. If You have named an irrevocable Beneficiary, You will need that Beneficiary's consent in order to make a change of Beneficiary.

Assignment

This Policy may be assigned. We will not be bound by any assignment unless it is in writing, signed by You and is recorded at Our Life Administration Office. We are not responsible for the validity of any assignment. Any amount to be paid to an assignee will be paid in a single sum. Any claim made by an assignee will be subject to proof of the assignee's interest and the extent of the assignment.

EXCHANGE

You may exchange this Policy for a new policy on any life insurance plan designated by Us at any time after the initial premium guarantee period, subject to:

- 1) proof of insurability acceptable to Us; and
- 2) the Insured satisfies the maximum issue age requirement for the new policy at the time of exchange.

The New Policy

If a new policy is issued, the Policy Date of the new policy will be the date of the exchange, which is the date We receive Your application for exchange, accompanied by Your first premium. The new policy date will be used to determine the issue age of the Insured. We will determine the rate class and approve the amount of insurance based on the evidence of insurability provided. The premiums for the new policy will be based on the premium rates in effect at the time the new policy is issued, and on other underwriting criteria. No riders will be available under the new policy.

CONVERSION

You may convert the amount of term insurance provided by this Policy to a new policy on a different plan of insurance. The conversion date may be the first day of any Policy Month when:

- 1) this Policy is in effect;
- 2) all premiums due before that date have been paid; and
- 3) the Insured satisfies the maximum age requirement.

To convert this Policy You must submit a Written Request and pay the first premium due on the new policy. We will not require evidence of insurability to convert the term life insurance provided by this Policy.

The New Policy

The amount of insurance provided by the new policy will be the same as the amount of term life insurance provided by this Policy. The Policy Date will be the same as the conversion date. The new policy date will be used to determine the issue age of the Insured. The rate class will be the same as this Policy. The plan of insurance may be any life insurance plan, designated by the Company, provided:

- 1) the Insured satisfies the maximum issue age requirement for the new policy at the time of conversion;
- 2) the amount of insurance to be provided is available under the plan on that date; and
- 3) our risk does not increase as a result of the conversion.

There will always be at least one (1) policy available for issue under this section. No riders will be available under the new policy.

The premiums for the new policy will be based on the premium rates in effect at the time the new policy is issued, and on other underwriting criteria.

The ***Incontestability and Suicide*** provisions will be effective from the Policy Date of this Policy.

PAYMENT OF BENEFITS

Payment

Any amount to be paid under this Policy will be paid in a lump sum, unless one (1) of the following payment options is chosen. All or part of the amount to be paid may be applied to any payment option.

Payment Options

1. **Fixed Period Payments** – We will make periodic payments for a fixed period. The first payment will be paid as of the last day of the initial payment interval. The maximum time over which payments will be made by us or money will be held by Us is thirty (30) years.
2. **Life Income Payments** – Monthly payments will be made according to the option chosen below. The first payment will be made on the date this option takes effect. Payments will be based on the payee's sex and age on the date the first payment is due. Payment will be subject to satisfactory proof of the payee's age.
 - (a) Life Income – Payments will be made only during the lifetime of the payee.
 - (b) Life Income with Period Certain – Payments will be made for a guaranteed period of either ten (10) or twenty (20) years. Such payments will be made even if the payee dies. After the period certain, payments will only be made while the payee is alive.
3. **Other Payment Options** – Any amount payable under this Policy may be paid in any manner agreed to by Us.

Amounts applied to the Life Income Options will be based on rates declared by Us. Payments will not be less than the minimums described in the Minimum Income Tables.

Minimum income rates are based on the Annuity 2000 Mortality Table for blended lives (60% female/40% male). Interest is assumed at the rate of [one percent (1%)] per year for all guaranteed settlement option factors, values and benefits under this Policy.

Payment Frequency

Annual, semi-annual or quarterly payments may be made instead of monthly.

Payment Option Guidelines

Choice of Payment Options

If the Insured did not elect a payment option, the Beneficiary may choose a payment option after the death of the Insured.

Effective Date

The most recent payment option chosen, if any, by You and recorded at Our Life Administration Office while the Insured is alive, will take effect on the date the Insured dies. All other payment options, if any, will take effect when the Written Request is recorded at our Life Administration Office or later, if specified.

Transfer Between Options

A Beneficiary receiving payment under an option with the right to withdraw may transfer the amount available to be withdrawn to any other option available.

Life Income Option Limitations

The life income option will not be available, except with our consent, if the payee is one (1) of the following:

- 1) corporation;
- 2) partnership;
- 3) association; or
- 4) guardian, trustee or representative of an estate.

Minimum Amounts

Amounts of less than \$5,000 may not be applied under any payment option. If payments are less than \$20.00, We have the right to change the payment frequency or pay the full amount available to be withdrawn.

Payment Certificate

At the time an amount becomes payable under a payment option, a payment certificate will be issued to the payee in exchange for this Policy. The effective date of the certificate will be the effective date of the option.

Death of Payee

If any payments remain to be made when the payee dies, they will be made according to the terms of the payment certificate.

Withdrawal and Change Limitations

The right to change the method of payment will be available, if it is provided in the payment certificate. Any change or withdrawal will be subject to **Payment Options** and **Payment Option Guidelines** provisions of this Policy.

Deferment

We may delay paying a withdrawal for up to six (6) months from the date the Written Request is recorded at our Life Administration Office. If We delay for thirty (30) days or more, interest will be paid on the withdrawal at an effective rate of [one percent (1%)]. We may declare a higher rate from the date the withdrawal request is recorded to the payment date. We also may require return of the payment certificate for endorsement.

Minimum Income Tables

The tables list the minimum income per \$1,000 of the amount applied under Options 1 and 2.

MINIMUM INCOME TABLES
MINIMUM INCOME PAYMENTS FOR EACH \$1,000 OF AMOUNT PAYABLE

OPTION 1 — FIXED PERIOD PAYMENTS

Period (Years)	Annual Payment	Semi-Annual Payment	Quarterly Payment	Monthly Payment
1	[\$1,010.00	\$503.74	\$251.55	\$83.78
2	507.51	253.12	126.40	42.10
3	340.02	169.58	84.68	28.20
4	256.28	127.82	63.83	21.25
5	206.03	102.76	51.31	17.09
6	172.54	86.05	42.97	14.31
7	148.62	74.12	37.01	12.32
8	130.69	65.18	32.55	10.84
9	116.74	58.22	29.07	9.68
10	105.58	52.65	26.29	8.75
11	96.45	48.10	24.02	8.00
12	88.84	44.31	22.12	7.37
13	82.41	41.10	20.52	6.83
14	76.90	38.35	19.15	6.37
15	72.12	35.97	17.96	5.98
16	67.94	33.88	16.92	5.63
17	64.25	32.04	16.00	5.33
18	60.98	30.41	15.18	5.05
19	58.05	28.95	14.45	4.81
20	55.41	27.63	13.80	4.59]

OPTION 2 — LIFE INCOME PAYMENTS

Age Nearest Birthday of Payee When 1 st Payment is Payable	Life Only	10 Year Certain	20 Year Certain	Age Nearest Birthday of Payee When 1 st Payment is Payable	Life Only	10 Year Certain	20 Year Certain
0-10	[\$1.60	\$1.60	\$1.60	45	\$2.56	\$2.56	\$2.53
11	1.62	1.62	1.62	46	2.61	2.61	2.58
12	1.63	1.63	1.63	47	2.67	2.66	2.62
13	1.65	1.65	1.65	48	2.72	2.71	2.67
14	1.67	1.67	1.66	49	2.78	2.77	2.73
15	1.68	1.68	1.68	50	2.84	2.83	2.78
16	1.70	1.70	1.70	51	2.91	2.89	2.84
17	1.72	1.72	1.71	52	2.98	2.96	2.89
18	1.73	1.73	1.73	53	3.05	3.03	2.95
19	1.75	1.75	1.75	54	3.12	3.10	3.02
20	1.77	1.77	1.77	55	3.20	3.18	3.08
21	1.79	1.79	1.79	56	3.28	3.26	3.15
22	1.81	1.81	1.81	57	3.37	3.34	3.21
23	1.83	1.83	1.83	58	3.46	3.43	3.28
24	1.86	1.85	1.85	59	3.56	3.52	3.35
25	1.88	1.88	1.87	60	3.67	3.62	3.43
26	1.90	1.90	1.90	61	3.78	3.72	3.50
27	1.93	1.92	1.92	62	3.90	3.83	3.58
28	1.95	1.95	1.95	63	4.02	3.95	3.65
29	1.98	1.97	1.97	64	4.16	4.07	3.73
30	2.00	2.00	2.00	65	4.30	4.20	3.80
31	2.03	2.03	2.02	66	4.45	4.33	3.87
32	2.06	2.06	2.05	67	4.61	4.47	3.95
33	2.09	2.09	2.08	68	4.79	4.62	4.01
34	2.12	2.12	2.11	69	4.97	4.77	4.08
35	2.15	2.15	2.14	70	5.17	4.93	4.15
36	2.19	2.18	2.18	71	5.39	5.10	4.21
37	2.22	2.22	2.21	72	5.62	5.28	4.26
38	2.26	2.26	2.24	73	5.86	5.46	4.31
39	2.30	2.29	2.28	74	6.13	5.64	4.36
40	2.34	2.33	2.32	75	6.42	5.83	4.40
41	2.38	2.37	2.36	76	6.72	6.03	4.43
42	2.42	2.42	2.40	77	7.06	6.23	4.46
43	2.47	2.46	2.44	78	7.41	6.43	4.49
44	2.51	2.51	2.48	79	7.80	6.62	4.51]

Age Nearest Birthday of Payee When 1 st Payment is Payable	Life Only	10 Year Certain	20 Year Certain
80	[\$8.21	\$6.82	\$4.53
81	8.66	7.01	4.55
82	9.15	7.20	4.56
83	9.67	7.37	4.57
84	10.23	7.54	4.58
85	10.83	7.69	4.58
86	11.48	7.84	4.59
87	12.17	7.97	4.59
88	12.91	8.09	4.59
89	13.69	8.19	4.59
90	14.51	8.29	4.59
91	15.38	8.37	4.59
92	16.30	8.45	4.59
93	17.26	8.51	4.59
94	18.27	8.57	4.59
95	19.34	8.61	4.59]

NOTICE

This Policy is valuable property. If anyone suggests replacing it, please contact Us first to be certain of Your rights.

When You write to Us, please give Us Your name, address and policy number. Please notify Us promptly of any changes. We will write to You at Your last known address shown on our records.

GREAT AMERICAN LIFE INSURANCE COMPANY[®]

TERM LIFE INSURANCE TO AGE 95

**Proceeds payable if the Insured dies while this policy is in force.
Premiums payable while the Insured is alive until the Expiration Date.**

**Convertible
Non-participating**

POLICY SPECIFICATIONS

POLICY

FORM NUMBER	BENEFIT	FACE AMOUNT	COVERAGE ENDS
[P2201408AR]	[TERM LIFE INSURANCE TO AGE 95]	[\$100,000]	[JANUARY 1, 2069]

ANNUAL PREMIUM SCHEDULE*

POLICY YEAR	ANNUAL PREMIUM
1	[\$254.00]
2	[254.00]
3	[254.00]
4	[254.00]
5	[254.00]

* PREMIUMS ARE GUARANTEED TO REMAIN AT THE ABOVE AMOUNTS FOR THE FIRST FIVE (5) YEARS. AFTER THE 5th POLICY YEAR, THE PREMIUMS FOR THE TERM LIFE INSURANCE, WILL INCREASE BUT WILL NEVER BE MORE THAN THE PREMIUMS SHOWN ON THE GUARANTEED MAXIMUM PREMIUM SCHEDULE.

PREMIUMS LISTED ABOVE INCLUDE AN [\$80] POLICY FEE.

PREMIUMS PAID OTHER THAN ANNUALLY ARE DETERMINED BY MULTIPLYING THE TOTAL ANNUAL PREMIUM BY A CERTAIN PERCENTAGE. SUCH PERCENTAGES ARE: [.50] (SEMIANNUAL); [.25] (QUARTERLY); AND [.0834] (MONTHLY BANK DRAFT)

INSURED	[JOHN DOE]	FACE AMOUNT	[\$100,000]
SEX AND AGE	[MALE 35]	POLICY DATE	[JANUARY 1, 2009]
RATE CLASS	[STANDARD]	EXPIRATION DATE	[JANUARY 1, 2069]
POLICY NUMBER	[123456789]		

POLICY SPECIFICATIONS (Continued)
GUARANTEED MAXIMUM PREMIUM SCHEDULE

THE GUARANTEED MAXIMUM ANNUAL PREMIUMS SHOWN BELOW WILL BE EFFECTIVE AFTER THE ANNUAL PREMIUM SCHEDULE GUARANTEE PERIOD SHOWN ON THE SPECIFICATION PAGE.

ATTAINED AGE	ANNUAL PREMIUM	ATTAINED AGE	ANNUAL PREMIUM
40	[\$ 885.00	74	[\$17,600.00
41	953.00	75	19,537.00
42	1,018.00	76	21,600.00
43	1,097.00	77	23,765.00
44	1,173.00	78	26,010.00
45	1,267.00	79	28,390.00
46	1,363.00	80	31,000.00
47	1,472.00	81	33,905.00
48	1,583.00	82	37,184.00
49	1,709.00	83	40,881.00
50	1,843.00	84	44,917.00
51	1,984.00	85	49,201.00
52	2,148.00	86	53,652.00
53	2,330.00	87	58,226.00
54	2,540.00	88	62,839.00
55	2,766.00	89	67,551.00
56	3,042.00	90	72,420.00
57	3,334.00	91	77,534.00
58	3,650.00	92	83,061.00
59	4,005.00	93	89,244.00
60	4,402.00	94	97,111.00]
61	4,841.00		
62	5,341.00		
63	5,910.00		
64	6,554.00		
65	7,262.00		
66	7,970.00		
67	8,735.00		
68	9,609.00		
69	10,563.00		
70	11,639.00		
71	12,981.00		
72	14,190.00		
73	15,797.00]		

Premiums listed above include an [\$80] policy fee.

POLICY SPECIFICATIONS

POLICY

FORM NUMBER	BENEFIT	FACE AMOUNT	COVERAGE ENDS
[P2201408AR]	[TERM LIFE INSURANCE TO AGE 95]	[\$100,000]	[JANUARY 1, 2069]

ANNUAL PREMIUM SCHEDULE*

<u>POLICY YEAR</u>	<u>ANNUAL PREMIUM</u>
1	[\$485.00]
2	[485.00]
3	[485.00]
4	[485.00]
5	[485.00]
6	[485.00]
7	[485.00]
8	[485.00]
9	[485.00]
10	[485.00]

* PREMIUMS ARE GUARANTEED TO REMAIN AT THE ABOVE AMOUNTS FOR THE FIRST TEN (10) YEARS. AFTER THE 10th POLICY YEAR, THE PREMIUMS FOR THE TERM LIFE INSURANCE, WILL INCREASE BUT WILL NEVER BE MORE THAN THE PREMIUMS SHOWN ON THE GUARANTEED MAXIMUM PREMIUM SCHEDULE.

PREMIUMS LISTED ABOVE INCLUDE AN [\$80] POLICY FEE.

PREMIUMS PAID OTHER THAN ANNUALLY ARE DETERMINED BY MULTIPLYING THE TOTAL ANNUAL PREMIUM BY A CERTAIN PERCENTAGE. SUCH PERCENTAGES ARE: [.50] (SEMIANNUAL); [.25] (QUARTERLY); AND [.0834] (MONTHLY BANK DRAFT)

INSURED	[JOHN DOE]	FACE AMOUNT	[\$100,000]
SEX AND AGE	[MALE 35]	POLICY DATE	[JANUARY 1, 2009]
RATE CLASS	[STANDARD]	EXPIRATION DATE	[JANUARY 1, 2069]
POLICY NUMBER	[123456789]		

POLICY SPECIFICATIONS (Continued)
GUARANTEED MAXIMUM PREMIUM SCHEDULE

THE GUARANTEED MAXIMUM ANNUAL PREMIUMS SHOWN BELOW WILL BE EFFECTIVE AFTER THE ANNUAL PREMIUM SCHEDULE GUARANTEE PERIOD SHOWN ON THE SPECIFICATION PAGE.

ATTAINED AGE	ANNUAL PREMIUM	ATTAINED AGE	ANNUAL PREMIUM
45	[\$1,267.00	80	[\$31,000.00
46	1,363.00	81	33,905.00
47	1,472.00	82	37,184.00
48	1,583.00	83	40,881.00
49	1,709.00	84	44,917.00
50	1,843.00	85	49,201.00
51	1,984.00	86	53,652.00
52	2,148.00	87	58,226.00
53	2,330.00	88	62,839.00
54	2,540.00	89	67,551.00
55	2,766.00	90	72,420.00
56	3,042.00	91	77,534.00
57	3,334.00	92	83,061.00
58	3,650.00	93	89,244.00
59	4,005.00	94	97,111.00]
60	4,402.00		
61	4,841.00		
62	5,341.00		
63	5,910.00		
64	6,554.00		
65	7,262.00		
66	7,970.00		
67	8,735.00		
68	9,609.00		
69	10,563.00		
70	11,639.00		
71	12,981.00		
72	14,190.00		
73	15,797.00		
74	17,600.00		
75	19,537.00		
76	21,600.00		
77	23,765.00		
78	26,010.00		
79	28,390.00]		

Premiums listed above include an [\$80] policy fee.

POLICY SPECIFICATIONS

POLICY

FORM		FACE	COVERAGE
NUMBER	BENEFIT	AMOUNT	ENDS
[P2201408AR]	[TERM LIFE INSURANCE TO AGE 95]	[\$100,000]	[JANUARY 1, 2069]

ANNUAL PREMIUM SCHEDULE*

<u>POLICY</u> <u>YEAR</u>	<u>ANNUAL</u> <u>PREMIUM</u>
1	[\$545.00]
2	[545.00]
3	[545.00]
4	[545.00]
5	[545.00]
6	[545.00]
7	[545.00]
8	[545.00]
9	[545.00]
10	[545.00]
11	[545.00]
12	[545.00]
13	[545.00]
14	[545.00]
15	[545.00]

* PREMIUMS ARE GUARANTEED TO REMAIN AT THE ABOVE AMOUNTS FOR THE FIRST FIFTEEN (15) YEARS. AFTER THE 15th POLICY YEAR, THE PREMIUMS FOR THE TERM LIFE INSURANCE, WILL INCREASE BUT WILL NEVER BE MORE THAN THE PREMIUMS SHOWN ON THE GUARANTEED MAXIMUM PREMIUM SCHEDULE.

PREMIUMS LISTED ABOVE INCLUDE AN [\$80] POLICY FEE.

PREMIUMS PAID OTHER THAN ANNUALLY ARE DETERMINED BY MULTIPLYING THE TOTAL ANNUAL PREMIUM BY A CERTAIN PERCENTAGE. SUCH PERCENTAGES ARE: [.50] (SEMIANNUAL); [.25] (QUARTERLY); AND [.0834] (MONTHLY BANK DRAFT)

INSURED	[JOHN DOE]	FACE AMOUNT	[\$100,000]
SEX AND AGE	[MALE 35]	POLICY DATE	[JANUARY 1, 2009]
RATE CLASS	[STANDARD]	EXPIRATION DATE	[JANUARY 1, 2069]
POLICY NUMBER	[123456789]		

POLICY SPECIFICATIONS (Continued)
GUARANTEED MAXIMUM PREMIUM SCHEDULE

THE GUARANTEED MAXIMUM ANNUAL PREMIUMS SHOWN BELOW WILL BE EFFECTIVE AFTER THE ANNUAL PREMIUM SCHEDULE GUARANTEE PERIOD SHOWN ON THE SPECIFICATION PAGE.

ATTAINED AGE	ANNUAL PREMIUM	ATTAINED AGE	ANNUAL PREMIUM
50	[\$ 1,843.00	80	[\$31,000.00
51	1,984.00	81	33,905.00
52	2,148.00	82	37,184.00
53	2,330.00	83	40,881.00
54	2,540.00	84	44,917.00
55	2,766.00	85	49,201.00
56	3,042.00	86	53,652.00
57	3,334.00	87	58,226.00
58	3,650.00	88	62,839.00
59	4,005.00	89	67,551.00
60	4,402.00	90	72,420.00
61	4,841.00	91	77,534.00
62	5,341.00	92	83,061.00
63	5,910.00	93	89,244.00
64	6,554.00	94	97,111.00]
65	7,262.00		
66	7,970.00		
67	8,735.00		
68	9,609.00		
69	10,563.00		
70	11,639.00		
71	12,981.00		
72	14,190.00		
73	15,797.00		
74	17,600.00		
75	19,537.00		
76	21,600.00		
77	23,765.00		
78	26,010.00		
79	28,390.00]		

Premiums listed above include an [\$80] policy fee.

POLICY SPECIFICATIONS

POLICY

FORM <u>NUMBER</u> [P2201408AR]	<u>BENEFIT</u> [TERM LIFE INSURANCE TO AGE 95]	FACE <u>AMOUNT</u> [\$100,000]	COVERAGE <u>ENDS</u> [JANUARY 1, 2069]
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ANNUAL PREMIUM SCHEDULE*

<u>POLICY YEAR</u>	<u>ANNUAL PREMIUM</u>
1	[\$607.00]
2	[607.00]
3	[607.00]
4	[607.00]
5	[607.00]
6	[607.00]
7	[607.00]
8	[607.00]
9	[607.00]
10	[607.00]
11	[607.00]
12	[607.00]
13	[607.00]
14	[607.00]
15	[607.00]
16	[607.00]
17	[607.00]
18	[607.00]
19	[607.00]
20	[607.00]

* PREMIUMS ARE GUARANTEED TO REMAIN AT THE ABOVE AMOUNTS FOR THE FIRST TWENTY (20) YEARS. AFTER THE 20th POLICY YEAR, THE PREMIUMS FOR THE TERM LIFE INSURANCE, WILL INCREASE BUT WILL NEVER BE MORE THAN THE PREMIUMS SHOWN ON THE GUARANTEED MAXIMUM PREMIUM SCHEDULE.

PREMIUMS LISTED ABOVE INCLUDE AN [\$80] POLICY FEE.

PREMIUMS PAID OTHER THAN ANNUALLY ARE DETERMINED BY MULTIPLYING THE TOTAL ANNUAL PREMIUM BY A CERTAIN PERCENTAGE. SUCH PERCENTAGES ARE: [.50] (SEMIANNUAL); [.25] (QUARTERLY); AND [.0834] (MONTHLY BANK DRAFT)

INSURED	[JOHN DOE]	FACE AMOUNT	[\$100,000]
SEX AND AGE	[MALE 35]	POLICY DATE	[JANUARY 1, 2009]
RATE CLASS	[STANDARD]	EXPIRATION DATE	[JANUARY 1, 2069]
POLICY NUMBER	[123456789]		

POLICY SPECIFICATIONS (Continued)
GUARANTEED MAXIMUM PREMIUM SCHEDULE

THE GUARANTEED MAXIMUM ANNUAL PREMIUMS SHOWN BELOW WILL BE EFFECTIVE AFTER THE ANNUAL PREMIUM SCHEDULE GUARANTEE PERIOD SHOWN ON THE SPECIFICATION PAGE.

ATTAINED AGE	ANNUAL PREMIUM	ATTAINED AGE	ANNUAL PREMIUM
55	[\$ 2,766.00	80	[\$31,000.00
56	3,042.00	81	33,905.00
57	3,334.00	82	37,184.00
58	3,650.00	83	40,881.00
59	4,005.00	84	44,917.00
60	4,402.00	85	49,201.00
61	4,841.00	86	53,652.00
62	5,341.00	87	58,226.00
63	5,910.00	88	62,839.00
64	6,554.00	89	67,551.00
65	7,262.00	90	72,420.00
66	7,970.00	91	77,534.00
67	8,735.00	92	83,061.00
68	9,609.00	93	89,244.00
69	10,563.00	94	97,111.00]
70	11,639.00		
71	12,981.00		
72	14,190.00		
73	15,797.00		
74	17,600.00		
75	19,537.00		
76	21,600.00		
77	23,765.00		
78	26,010.00		
79	28,390.00]		

Premiums listed above include an [\$80] policy fee.

POLICY SPECIFICATIONS

POLICY

FORM		FACE	COVERAGE
<u>NUMBER</u>	<u>BENEFIT</u>	<u>AMOUNT</u>	<u>ENDS</u>
[P2201408AR]	[TERM LIFE INSURANCE TO AGE 95]	[\$100,000]	[JANUARY 1, 2069]

ANNUAL PREMIUM SCHEDULE*

<u>POLICY</u>	<u>ANNUAL</u>	<u>POLICY</u>	<u>ANNUAL</u>
<u>YEAR</u>	<u>PREMIUM</u>	<u>YEAR</u>	<u>PREMIUM</u>
1	[\$815.00]	16	[\$815.00]
2	[815.00]	17	[815.00]
3	[815.00]	18	[815.00]
4	[815.00]	19	[815.00]
5	[815.00]	20	[815.00]
6	[815.00]	21	[815.00]
7	[815.00]	22	[815.00]
8	[815.00]	23	[815.00]
9	[815.00]	24	[815.00]
10	[815.00]	25	[815.00]
11	[815.00]	26	[815.00]
12	[815.00]	27	[815.00]
13	[815.00]	28	[815.00]
14	[815.00]	29	[815.00]
15	[815.00]	30	[815.00]

* PREMIUMS ARE GUARANTEED TO REMAIN AT THE ABOVE AMOUNTS FOR THE FIRST THIRTY (30) YEARS. AFTER THE 30th POLICY YEAR, THE PREMIUMS FOR THE TERM LIFE INSURANCE, WILL INCREASE BUT WILL NEVER BE MORE THAN THE PREMIUMS SHOWN ON THE GUARANTEED MAXIMUM PREMIUM SCHEDULE.

PREMIUMS LISTED ABOVE INCLUDE AN [\$80] POLICY FEE.

PREMIUMS PAID OTHER THAN ANNUALLY ARE DETERMINED BY MULTIPLYING THE TOTAL ANNUAL PREMIUM BY A CERTAIN PERCENTAGE. SUCH PERCENTAGES ARE: [.50] (SEMIANNUAL); [.25] (QUARTERLY); AND [.0834] (MONTHLY BANK DRAFT)

INSURED	[JOHN DOE]	FACE AMOUNT	[\$100,000]
SEX AND AGE	[MALE 35]	POLICY DATE	[JANUARY 1, 2009]
RATE CLASS	[STANDARD]	EXPIRATION DATE	[JANUARY 1, 2069]
POLICY NUMBER	[123456789]		

POLICY SPECIFICATIONS (Continued)
GUARANTEED MAXIMUM PREMIUM SCHEDULE

THE GUARANTEED MAXIMUM ANNUAL PREMIUMS SHOWN BELOW WILL BE EFFECTIVE AFTER THE ANNUAL PREMIUM SCHEDULE GUARANTEE PERIOD SHOWN ON THE SPECIFICATION PAGE.

<u>ATTAINED AGE</u>	<u>ANNUAL PREMIUM</u>
65	[\$7,262.00
66	7,970.00
67	8,735.00
68	9,609.00
69	10,563.00
70	11,639.00
71	12,981.00
72	14,190.00
73	15,797.00
74	17,600.00
75	19,537.00
76	21,600.00
77	23,765.00
78	26,010.00
79	28,390.00
80	31,000.00
81	33,905.00
82	37,184.00
83	40,881.00
84	44,917.00
85	49,201.00
86	53,652.00
87	58,226.00
88	62,839.00
89	67,551.00
90	72,420.00
91	77,534.00
92	83,061.00
93	89,244.00
94	97,111.00]

Premiums listed above include an [\$80] policy fee.

SERFF Tracking Number:	GRAX-125880760	State:	Arkansas
Filing Company:	Great American Life Insurance Company	State Tracking Number:	40727
Company Tracking Number:	P2201408AR		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name:	Life Individual Term		
Project Name/Number:	Life Individual Term/P2201408AR		

Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	01/01/2009
Filing Method of Last Filing:	Prior Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Great American Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

<i>SERFF Tracking Number:</i>	<i>GRAX-125880760</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40727</i>
<i>Company Tracking Number:</i>	<i>P2201408AR</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Life Individual Term</i>		
<i>Project Name/Number:</i>	<i>Life Individual Term/P2201408AR</i>		

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
	Level Term Rates	P2201408NW	New		P2201408NW- R.PDF
	Annual Renewal Rates	P2201408NW	New		P2201408NW- ART.PDF

Great American Life Insurance Company
2008 Term Portfolio
Term Life Insurance to Age 95

Initial Guaranteed Premiums

Annual Rates Per Thousand of Death Benefit*

Issue Age	5-Year Level Rates		10-Year Level Rates		15-Year Level Rates		20-Year Level Rates		30-Year Level Rates	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
18	1.65	1.46	3.29	3.15	3.79	3.53	4.82	4.36	6.27	5.43
19	1.65	1.46	3.29	3.15	3.86	3.64	4.91	4.49	6.27	5.43
20	1.65	1.46	3.29	3.15	3.86	3.75	4.91	4.62	6.27	5.43
21	1.65	1.46	3.29	3.15	3.86	3.75	4.91	4.62	6.27	5.43
22	1.65	1.46	3.29	3.15	3.93	3.75	5.01	4.62	6.27	5.43
23	1.65	1.46	3.29	3.15	3.93	3.75	5.01	4.62	6.27	5.43
24	1.65	1.46	3.29	3.15	3.93	3.75	5.01	4.62	6.27	5.43
25	1.65	1.46	3.29	3.15	3.93	3.75	5.01	4.62	6.27	5.43
26	1.67	1.47	3.32	3.19	3.99	3.80	5.01	4.69	6.36	5.55
27	1.67	1.49	3.32	3.17	4.04	3.81	5.03	4.73	6.60	5.76
28	1.68	1.52	3.35	3.13	4.05	3.89	4.94	4.72	6.69	5.88
29	1.68	1.53	3.35	3.06	4.10	3.86	4.94	4.70	6.63	5.88
30	1.70	1.55	3.38	3.19	4.13	3.96	4.97	4.71	6.75	6.00
31	1.71	1.58	3.52	3.31	4.19	4.06	4.97	4.65	6.84	6.06
32	1.71	1.58	3.64	3.36	4.32	4.06	5.06	4.74	6.93	6.18
33	1.71	1.61	3.75	3.48	4.35	4.19	5.06	4.89	7.02	6.30
34	1.71	1.62	3.86	3.51	4.51	4.26	5.18	4.98	7.14	6.39
35	1.74	1.64	4.05	3.60	4.65	4.36	5.27	5.13	7.35	6.63
36	1.88	1.71	4.36	3.88	5.08	4.79	5.83	5.52	7.77	6.99
37	2.03	1.82	4.71	4.24	5.52	5.26	6.46	6.11	8.40	7.53
38	2.21	1.92	5.13	4.61	6.00	5.75	7.14	6.75	9.15	8.16
39	2.42	2.04	5.46	5.03	6.56	6.12	7.81	7.17	9.96	8.85
40	2.61	2.18	5.90	5.44	7.10	6.60	8.53	7.92	10.86	9.60
41	2.81	2.33	6.34	5.89	7.65	7.07	9.32	8.67	11.82	10.44
42	3.03	2.51	6.85	6.43	8.35	7.63	10.18	9.45	12.90	11.34
43	3.27	2.70	7.39	7.02	9.04	8.13	11.08	10.15	14.04	12.30
44	3.53	2.91	7.97	7.66	10.40	8.80	12.81	11.10	15.30	13.35
45	3.80	3.14	8.83	8.36	11.10	9.56	13.76	12.11	16.62	14.46
46	4.10	3.39	9.53	9.04	11.87	10.05	14.84	12.90	18.07	16.20
47	4.41	3.65	10.26	9.72	12.74	10.93	16.03	14.09	18.65	17.25
48	4.77	3.95	11.10	10.52	13.72	11.89	17.36	15.52	20.30	18.69
49	5.13	4.28	11.94	11.40	14.77	12.80	18.94	16.96	22.09	20.34
50	5.58	4.64	12.98	12.36	16.03	13.68	20.76	18.28	23.25	22.05
51	6.43	5.34	14.03	13.36	17.40	14.64	22.79	19.84	-	-
52	7.43	6.17	15.25	14.52	18.94	15.76	25.17	21.60	-	-
53	8.55	7.09	16.58	15.76	21.05	17.08	28.33	23.72	-	-
54	9.84	8.13	18.08	17.12	23.40	18.56	31.97	26.04	-	-
55	11.34	9.28	19.79	18.56	25.74	20.32	35.68	28.76	-	-
56	13.02	10.61	21.64	20.20	27.58	22.32	38.82	31.84	-	-
57	14.98	12.08	23.77	21.96	29.61	24.64	42.30	35.36	-	-
58	17.23	13.73	26.14	23.88	31.85	27.28	46.10	39.40	-	-
59	19.85	15.58	28.86	25.96	34.21	30.32	48.70	43.92	-	-
60	22.83	17.70	31.86	28.32	36.77	32.96	51.24	47.85	-	-
61	25.23	19.25	35.21	30.80	39.51	35.80	55.66	52.78	-	-
62	27.93	20.98	37.87	33.56	42.40	38.96	60.35	56.68	-	-
63	30.83	22.90	40.73	36.64	45.47	42.37	64.03	59.96	-	-
64	34.03	24.95	43.77	38.92	47.81	45.44	69.07	63.16	-	-
65	37.57	27.20	46.85	42.43	50.03	47.91	72.75	64.14	-	-
66	41.55	30.84	50.33	46.25	52.94	51.00	-	-	-	-
67	45.86	34.94	53.91	50.47	57.34	54.47	-	-	-	-
68	50.65	39.51	57.51	55.03	62.35	58.65	-	-	-	-
69	55.91	44.63	63.74	58.48	67.47	64.23	-	-	-	-
70	61.43	50.34	70.10	63.76	73.88	70.20	-	-	-	-
71	67.45	54.84	77.61	69.46	-	-	-	-	-	-
72	73.97	59.79	85.83	75.73	-	-	-	-	-	-
73	81.08	65.13	94.88	82.50	-	-	-	-	-	-
74	88.70	70.92	104.69	89.83	-	-	-	-	-	-
75	97.02	77.19	115.50	97.77	-	-	-	-	-	-

* Does not include \$80 policy fee.

Great American Life Insurance Company
2008 Term Portfolio
Term Life Insurance to Age 95

Ultimate Renewal Rates
for
Years after the Specified Initial Term Period
Specified Initial Term Periods : 5, 10, 15, 20 and 30-year

Annual Rates Per Thousand of Death Benefit*

Attained Age	Current Annual Renewal Rates		Guaranteed Maximum Annual Renewal Rates	
	Male	Female	Male	Female
23	5.32	2.22	5.73	3.43
24	5.18	2.16	5.58	3.34
25	5.02	2.09	5.41	3.23
26	4.90	2.04	5.28	3.16
27	4.82	2.01	5.19	3.11
28	4.76	1.99	5.13	3.07
29	4.65	2.04	5.14	3.18
30	4.56	2.09	5.16	3.30
31	4.50	2.22	5.26	3.40
32	4.60	2.37	5.37	3.52
33	4.86	2.66	5.54	3.64
34	5.22	3.00	5.76	3.85
35	5.57	3.49	5.99	4.00
36	5.93	3.87	6.28	4.27
37	6.24	4.26	6.66	4.61
38	6.32	4.48	7.08	4.98
39	6.35	4.73	7.54	5.41
40	6.35	4.90	8.05	5.87
41	6.40	5.10	8.73	6.45
42	6.57	5.33	9.38	7.00
43	7.08	5.69	10.17	7.55
44	7.90	6.20	10.93	8.12
45	9.02	6.93	11.87	8.71
46	10.38	7.76	12.83	9.31
47	11.96	8.58	13.92	9.97
48	13.53	9.40	15.03	10.67
49	15.17	10.14	16.29	11.42
50	16.81	10.99	17.63	12.26
51	18.56	11.87	19.04	13.15
52	20.40	12.69	20.68	14.14
53	22.35	13.81	22.50	15.33
54	24.48	15.03	24.60	16.53
55	26.70	16.36	26.86	17.80
56	29.03	17.74	29.62	19.09
57	31.52	19.16	32.54	20.35
58	34.10	20.68	35.70	21.55
59	36.94	22.26	39.25	22.81
60	40.17	23.84	43.22	24.25
61	43.79	25.59	47.61	26.00
62	47.74	27.43	52.61	28.18
63	52.03	29.36	58.30	31.01
64	56.76	31.46	64.74	34.27
65	61.78	33.74	71.82	37.88
66	67.33	36.19	78.90	41.61
67	73.22	39.06	86.55	45.42
68	79.54	42.14	95.29	49.11
69	86.75	45.54	104.83	53.14
70	94.52	49.32	115.59	57.63
71	102.74	53.49	129.01	63.17
72	111.37	58.29	141.10	70.04
73	120.55	63.80	157.17	78.42
74	130.42	70.14	175.20	88.22
75	141.19	77.67	194.57	99.26
76	153.76	86.31	215.20	111.28
77	167.54	96.13	236.85	124.09
78	182.41	107.21	259.30	137.64
79	198.39	119.54	283.10	152.33
80	215.40	133.02	309.20	168.82
81	233.41	147.64	338.25	187.58
82	252.12	163.29	371.04	209.19
83	271.58	179.95	408.01	233.94
84	292.74	197.53	448.37	261.94
85	315.51	215.96	491.21	291.65
86	339.78	235.21	535.72	324.08
87	365.49	255.21	581.46	357.56
88	392.87	276.26	627.59	393.71
89	421.07	297.95	674.71	430.84
90	449.47	323.14	723.40	471.32
91	482.06	349.42	774.54	514.79
92	515.41	376.73	829.81	562.48
93	546.80	406.83	891.64	616.72
94	578.60	438.23	970.31	683.13

* Does not include \$80 policy fee.

SERFF Tracking Number: GRAX-125880760 State: Arkansas
Filing Company: Great American Life Insurance Company State Tracking Number: 40727
Company Tracking Number: P2201408AR
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Life Individual Term
Project Name/Number: Life Individual Term/P2201408AR

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 10/30/2008

Comments:

Attachment:

AR - READABILITY CERTIFICATION.PDF

Review Status:

Satisfied -Name: AR - CONSENT TO SUBMIT 10/30/2008

RATES AND/OR COST BASES
FOR APPROVAL

Comments:

Consent Form

Attachment:

AR - CONSENT TO SUBMIT RATES AND_OR COST BASES FOR APPROVAL.PDF

Review Status:

Satisfied -Name: Cover Letter 10/31/2008

Comments:

Attachment:

Cover Letter.PDF

Review Status:

Satisfied -Name: Regulation 19 Certification 10/31/2008

Comments:

Attachment:

Regulation 19 Certification.PDF

Review Status:

Satisfied -Name: Guaranty Association Notice 10/31/2008

Comments:

Attachment:

<i>SERFF Tracking Number:</i>	<i>GRAX-125880760</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40727</i>
<i>Company Tracking Number:</i>	<i>P2201408AR</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Life Individual Term</i>		
<i>Project Name/Number:</i>	<i>Life Individual Term/P2201408AR</i>		

Guaranty Association Notice.PDF

<i>SERFF Tracking Number:</i>	<i>GRAX-125880760</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40727</i>
<i>Company Tracking Number:</i>	<i>P2201408AR</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Life Individual Term</i>		
<i>Project Name/Number:</i>	<i>Life Individual Term/P2201408AR</i>		

Review Status:


Satisfied -Name:	Complaint Notice	10/31/2008
Comments:		
Attachment:		
Complaint Notice.PDF		

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Great American Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
P2201408AR	53.2
P2201408AR-5	N/A
P2201408AR-10	N/A
P2201408AR-15	N/A
P2201408AR-20	N/A
P2201408AR-30	N/A

Signed: 
Name: John P. Gruber
Title: Senior Vice President

Date: 10/30/2008

STATE OF ARKANSAS

Certification

Name of Company: Great American Life Insurance Company

The above named company certifies that Term Life Insurance to Age 95
Form No. P2201408AR has been reviewed and complies with Arkansas
Insurance Department Guidelines identified in its Bulletin No. 11-83.



Signature

Stephen E. Essman

Print or Type Name

Compliance Specialist

Title

STATE OF ARKANSAS

Certification

Name of Company: Great American Life Insurance Company

The above named company certifies that Policy Specifications Pages for 5 year Term
Form No. P2201408AR-5 has been reviewed and complies with Arkansas
Insurance Department Guidelines identified in its Bulletin No. 11-83.



Signature

Stephen E. Essman

Print or Type Name

Compliance Specialist

Title

STATE OF ARKANSAS

Certification

Name of Company: Great American Life Insurance Company

The above named company certifies that Policy Specifications Pages for 10 year Term
Form No. P2201408AR-10 has been reviewed and complies with Arkansas
Insurance Department Guidelines identified in its Bulletin No. 11-83.



Signature

Stephen E. Essman

Print or Type Name

Compliance Specialist

Title

STATE OF ARKANSAS

Certification

Name of Company: Great American Life Insurance Company

The above named company certifies that Policy Specifications Pages for 15 year Term
Form No. P2201408AR-15 has been reviewed and complies with Arkansas
Insurance Department Guidelines identified in its Bulletin No. 11-83.



Signature

Stephen E. Essman

Print or Type Name

Compliance Specialist

Title

STATE OF ARKANSAS

Certification

Name of Company: Great American Life Insurance Company

The above named company certifies that Policy Specifications Pages for 20 year Term
Form No. P2201408AR-20 has been reviewed and complies with Arkansas
Insurance Department Guidelines identified in its Bulletin No. 11-83.



Signature

Stephen E. Essman

Print or Type Name

Compliance Specialist

Title

STATE OF ARKANSAS

Certification

Name of Company: Great American Life Insurance Company

The above named company certifies that Policy Specifications Pages for 30 year Term
Form No. P2201408AR-30 has been reviewed and complies with Arkansas
Insurance Department Guidelines identified in its Bulletin No. 11-83.



Signature

Stephen E. Essman

Print or Type Name

Compliance Specialist

Title



LIFE INSURANCE COMPANY

Administrative Mailing Address: P.O. Box 5420, Cincinnati, Ohio 45201-5420

October 31, 2008

NAIC No. 0084-63312

FEIN No. 13-1935920

Ms. Linda Bird
Compliance - Life and Health
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: Resubmission for Approval - Great American Life Insurance Company
P2201408AR Term Life Insurance to Age 95
P2201408AR-5 Policy Specifications Pages for 5 year Term
P2201408AR-10 Policy Specifications Pages for 10 year Term
P2201408AR-15 Policy Specifications Pages for 15 year Term
P2201408AR-20 Policy Specifications Pages for 20 year Term
P2201408AR-30 Policy Specifications Pages for 30 year Term
Depart. File # 40727

Dear Ms. Bird:

Thank you for your review of this filing and your letter dated 10/31/2008. Please allow me to address the issues in the order in which they appeared.

Attached, please find form number N6122008AR, Complaint Notice, which will be provided in the policy packet of the policyholder when it is delivered. This should satisfy Ark. Code Ann. 23-79-138.

Attached, please find form number N6001806AR, Guaranty Notice, which will be provided in the policy packet of the policyholder when it is delivered. This should satisfy Regulation 49.

As requested, attached, please find a certification to Regulation 19.

Please be advised, we have revised the Suicide provision of policy form P2201408AR with the removal of the following language; "If this Policy is reinstated, the Proceeds will not be paid if the Insured commits suicide while sane or insane within two (2) years from the date of reinstatement." We trust this will satisfy compliance with Ark. Code Ann. 23-81-115(a)(2)(E).

With this information, I look forward to receiving a favorable response to this filing.

STEPHEN E. ESSMAN, ACS, AIAA, AIRC , COMPLIANCE SPECIALIST
(800) 854-3649 (TOLL FREE - EXT. 12731)
(513) 412-2731 (DIRECT DIAL) * (513) 412-1470 FAX

If you have any questions or require additional information regarding this submission, please feel free to contact me at either of the phone numbers indicated below or via e-mail at sessman@gafri.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen E. Essman". The signature is fluid and cursive, with the first name "Stephen" being more prominent.

Stephen E. Essman, ACS, AIAA, AIRC
Compliance Specialist



P.O. Box 5416, Cincinnati, Ohio 45201-5416

Certification
Arkansas Rule and Regulation 19 s 10

I, John P. Gruber, an officer of Great American Life Insurance Company, hereby certify that the following submission meets the provisions of this rule as well as all applicable requirements of this Department.

A handwritten signature in black ink, reading "John P. Gruber". The signature is written in a cursive style with a long horizontal line extending to the right.

John P. Gruber, Esq.
Senior Vice President and
General Counsel

October 23, 2008

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, accident and health insurance, or annuities should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of this Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of this Act's coverages, exclusions and limits. This summary does not cover all provision of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, accident and health, or annuity contract or policy, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution;
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 -- no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or cash surrender values -- again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.



**POLICYOWNER SERVICE DEPARTMENT
P.O. Box 5416
Cincinnati, Ohio 45201-5416
(888) 863-5891**

SOLICITING AGENT

Name: JOHN DOE

Address: C/O HOME OFFICE

Telephone Number: (888) 863-5891

If we at Great American Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

**Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201
(501) 371-2640
(800) 852-5494**

<i>SERFF Tracking Number:</i>	<i>GRAX-125880760</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40727</i>
<i>Company Tracking Number:</i>	<i>P2201408AR</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Life Individual Term</i>		
<i>Project Name/Number:</i>	<i>Life Individual Term/P2201408AR</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Term Life Insurance to Age 95	10/30/2008	P2201408AR.PDF
No original date	Supporting Document	Cover Letter	10/30/2008	Cover Letter.PDF



A Stock Insurance Company
Home Office: Cincinnati, Ohio
Life Products: P.O. Box 5416, Cincinnati, Ohio 45201-5416
Phone: (888) 863-5891

TERM LIFE INSURANCE TO AGE 95

**Proceeds payable if the Insured dies while this policy is in force.
Premiums payable while the Insured is alive until the Expiration Date.
Convertible
Non-participating**

GREAT AMERICAN LIFE INSURANCE COMPANY[®] AGREES: to 1) pay the Proceeds to the Beneficiary on receipt at its Life Administration Office of due proof that the Insured died while this Policy ("Policy") was in force; and 2) provide the other rights and benefits according to the terms and conditions of this Policy.

THIRTY DAY RIGHT TO EXAMINATION

You may cancel this Policy by returning it and giving us written notice of cancellation. You have until midnight of the thirtieth (30th) day following the day you received this Policy and any attachments. This Policy must be returned and the required notice must be given to us, or to the producer through whom it was purchased, in person or by mail. If by mail, the return of the policy or the notice is effective on the date it is postmarked, with the proper address and with postage pre-paid. If you cancel this Policy as set forth above, this Policy will be void and all premiums paid, will be refunded.

This Policy is a legal contract between the Owner and Great American Life Insurance Company.

PLEASE READ YOUR POLICY CAREFULLY!

Signed for Great American Life Insurance Company on the Policy Date.

**MARK F. MUETHING
SECRETARY**

**CHARLES R. SCHEPER
PRESIDENT**

TABLE OF CONTENTS	Page
DEFINITIONS.....	5
GENERAL PROVISIONS	6
Contract.....	6
Modifications.....	6
Incontestability	6
Suicide.....	6
Protection of Payments	6
Age or Sex.....	6
End of Policy.....	6
DEATH BENEFIT PROCEEDS.....	7
Proceeds	7
PREMIUMS AND REINSTATEMENT	7
Premium Payments.....	7
Premium Rates	7
Grace Period.....	8
Reinstatement.....	8
Reserve Basis.....	8
OWNERSHIP AND BENEFICIARY.....	8
Owner.....	8
Beneficiary.....	8
Change.....	8
Assignment.....	9
EXCHANGE	9
The New Policy	9
CONVERSION	9
The New Policy	9
PAYMENT OF BENEFITS.....	10
Payment	10
Payment Options	10
Payment Frequency	10
Payment Option Guidelines.....	11
Minimum Income Tables	11

DEFINITIONS

When We use the following words, this is what We mean:

Age: The insured's age nearest birthday.

Attained Age: The Insured's age nearest birthday as of a Policy Anniversary.

Expiration Date: The date this Policy is scheduled to end. This date is shown on the Policy Specifications page.

Face Amount: The amount of insurance as shown on the Policy Specifications page or otherwise endorsed in this Policy.

Insured: The person whose life is insured under this Policy, as shown on the Policy Specifications page.

Policy Anniversary: The same day and month as your Policy Date for each succeeding year Your Policy stays in force.

Policy Date: The date this Policy takes effect, as shown on the Policy Specifications page. This is also the date from which Policy Anniversary, Policy Years and Policy Months are determined.

Policy Month: A period beginning each month on the day of the Policy Date and ending the next month on the day preceding the date of the Policy Date.

Policy Year: A period of twelve (12) months beginning each year on the month and day of the Policy Date.

We, Us, Our: Great American Life Insurance Company®

You, Your: The Owner of this Policy.

Written Request: A request in writing signed by You. All correspondence with us should be sent to our Life Administration Office: P.O. Box 5416, Cincinnati, Ohio 45201-5416. We may require that Your Policy be sent in with Your request.

GENERAL PROVISIONS

Contract

The entire contract consists of this Policy, the attached application(s), amendments or endorsements attached to this Policy. All statements in the application will be representations and not warranties. No statement will be used to void this Policy, or to contest a claim under it, unless it appears in the application(s).

Modifications

No producer has the authority to modify, change or waive any provisions of this Policy. A modification will only be valid if it is in writing and signed either by Our President, a Vice President or the Secretary. We may request that You submit this Policy for endorsement.

Incontestability

We will not contest this Policy after it has been in force during the Insured's life for two (2) years from the Policy Date.

If this Policy is reinstated, this provision will be measured from the reinstatement date and will be limited to material misrepresentations in the reinstatement application.

Suicide

If the Insured commits suicide while sane or insane within two (2) years from the Policy Date, the Proceeds will not be paid. Instead, the beneficiary will receive an amount equal to the premiums paid. If the law of the state where this Policy is issued provides a shorter period, that law will govern. If this Policy is reinstated, the Proceeds will not be paid if the Insured commits suicide while sane or insane within two (2) years from the date of reinstatement.

Protection of Payments

Unless You and We agree to it, or unless otherwise provided in this Policy, no one entitled to receive the Proceeds under this Policy may commute, pledge or assign any part of such Proceeds. To the extent permitted by law, such Proceeds shall not be subject to the claims of any Payee's creditors or to legal process against any Payee.

Age or Sex

If the Insured's age or sex is misstated in the application, the Face Amount will be adjusted. The adjusted amount will be the Face Amount the premium would have provided based on the Insured's correct age and sex.

The age shown on the Policy Specifications page is the Insured's age as of the Policy Date.

End of Policy

This Policy will end on:

- 1) the date We receive Your Written Request to cancel;
- 2) the date the Insured dies;
- 3) the Expiration Date of the Policy;
- 4) the date the grace period ends if sufficient premium has not been paid;
- 5) the conversion date; or
- 6) the exchange date,

whichever is earlier.

DEATH BENEFIT PROCEEDS

Proceeds

If the Insured dies while this Policy is in force and before the Expiration Date, We will pay the Proceeds to the Beneficiary. If the proceeds are not paid within 30 days, after proof of the Insured's death has been furnished to Us, interest upon any unpaid proceeds shall accrue interest from the date of the Insured's death to the date of payment. The Proceeds are the sum of:

- 1) the Face Amount; plus
- 2) that portion of any premium paid which applies to a period beyond the month in which the Insured dies; less
- 3) any unpaid premium if death occurs during the grace period.

We will pay the Proceeds to the Beneficiary after We receive due proof of death and proper written claim.

PREMIUMS AND REINSTATEMENT

Premium Payments

The first premium payment must be paid no later than when this Policy is delivered. It can be paid to Us at Our Life Administration Office or to our producer. There is no insurance unless the first premium is paid and all statements and answers in all parts of the application(s) remain correct. All premiums after the first must be received by Us on or before the date it is due at Our Life Administration Office. Each premium after the first is due on the first day of the Policy Month following the end of the period for which the preceding premium was paid.

You may choose the frequency of the payments. Premiums may be paid annually, semi-annually, quarterly or monthly (bank draft only). We will send You premium notices to Your last known address according to the frequency (except for monthly bank draft) chosen by You and shown on the Policy Specifications page. The frequency of the payments can be changed to any mode shown on the Policy Specifications page at any time by sending Us a Written Request.

Premium Rates

The premium on the Policy Date is the premium shown on the Policy Specifications page. The premium will remain level for the Policy Years in the Annual Premium Schedule on the Policy Specifications page. After this period all subsequent premiums for term life insurance will never exceed the premiums in the Guaranteed Maximum Premium Schedule on the Policy Specifications page. We will provide You with written notice, such as a premium notice, of each premium change. Any policy fee shown is included in the annual premiums shown in the Annual Premium Schedule and the Guaranteed Maximum Premium Schedule.

Premiums are based on our expectations regarding such factors as mortality, investment earnings and expenses. Any change in the premium will be based on the prospective reevaluation of such factors. We will apply any change in the premium on a uniform basis to all insureds of the same age, sex and rate class whose policies are for the same amount of insurance and have been in force for the same length of time. We will not change the premium or rate class because of changes in the Insured's health, occupation or other risk factors after this Policy takes effect.

Grace Period

Any premium other than the first not paid when due, prior to the Expiration Date shown on the Policy Specifications page, must be paid within a grace period of 31 days after its due date. The Policy will continue in force during the grace period. If the premium is not received by Us by the end of the grace period, this Policy will terminate on the date after the grace period ends.

If the Insured dies during the grace period, We will pay the Proceeds, but will deduct the premium needed to cover the period from the beginning of the grace period to the end of the Policy Month in which the Insured died.

Reinstatement

This Policy may be reinstated, if the grace period has ended without the payment of the premium due and this Policy has terminated. The reinstatement requirements are:

- 1) submit a Written Request within five (5) years after the end of the grace period and before the Expiration Date;
- 2) provide evidence of insurability acceptable to Us that the Insured's health, occupation and other risk factors have not materially changed since the Policy Date; and
- 3) pay all overdue premiums plus eight percent (8%) interest per year, compounded annually from their due dates to the date of reinstatement.

The date of reinstatement will be the first day of the Policy Month on or next following the date We approve Your application for reinstatement.

Reserve Basis

The reserves for this Policy are equal to or greater than those required by law. A detailed statement of the method of computing reserves has been filed with the insurance supervisory official of the state in which this Policy is delivered.

OWNERSHIP AND BENEFICIARY

Owner

The Owner of this Policy is the Insured person shown on the Policy Specifications page, unless stated otherwise in the application or later changed. As Owner, You can exercise all rights under Your Policy while the Insured is alive. If a new Owner is named, any earlier designations will be void.

Beneficiary

The Beneficiary is the person or persons named by You to receive the Proceeds when the Insured dies. If two (2) or more Beneficiaries are alive when the Insured dies, We will pay them in equal shares unless You have chosen otherwise. If no Beneficiary is alive when the Insured dies, You will be the beneficiary, if living, otherwise the Proceeds will be paid to Your estate.

Change

You may change the Owner or Beneficiary by sending us a Written Request at any time while the Insured is alive. The requested change will not take effect until it is recorded at our Life Administration Office. Once recorded, it will take effect as of the date You signed it. The change will not apply to any payment made by Us before Your request is recorded. If You have named an irrevocable Beneficiary, You will need that Beneficiary's consent in order to make a change of Beneficiary.

Assignment

This Policy may be assigned. We will not be bound by any assignment unless it is in writing, signed by You and is recorded at Our Life Administration Office. We are not responsible for the validity of any assignment. Any amount to be paid to an assignee will be paid in a single sum. Any claim made by an assignee will be subject to proof of the assignee's interest and the extent of the assignment.

EXCHANGE

You may exchange this Policy for a new policy on any life insurance plan designated by Us at any time after the initial premium guarantee period, subject to:

- 1) proof of insurability acceptable to Us; and
- 2) the Insured satisfies the maximum issue age requirement for the new policy at the time of exchange.

The New Policy

If a new policy is issued, the Policy Date of the new policy will be the date of the exchange, which is the date We receive Your application for exchange, accompanied by Your first premium. The new policy date will be used to determine the issue age of the Insured. We will determine the rate class and approve the amount of insurance based on the evidence of insurability provided. The premiums for the new policy will be based on the premium rates in effect at the time the new policy is issued, and on other underwriting criteria. No riders will be available under the new policy.

CONVERSION

You may convert the amount of term insurance provided by this Policy to a new policy on a different plan of insurance. The conversion date may be the first day of any Policy Month when:

- 1) this Policy is in effect;
- 2) all premiums due before that date have been paid; and
- 3) the Insured satisfies the maximum age requirement.

To convert this Policy You must submit a Written Request and pay the first premium due on the new policy. We will not require evidence of insurability to convert the term life insurance provided by this Policy.

The New Policy

The amount of insurance provided by the new policy will be the same as the amount of term life insurance provided by this Policy. The Policy Date will be the same as the conversion date. The new policy date will be used to determine the issue age of the Insured. The rate class will be the same as this Policy. The plan of insurance may be any life insurance plan, designated by the Company, provided:

- 1) the Insured satisfies the maximum issue age requirement for the new policy at the time of conversion;
- 2) the amount of insurance to be provided is available under the plan on that date; and
- 3) our risk does not increase as a result of the conversion.

There will always be at least one (1) policy available for issue under this section. No riders will be available under the new policy.

The premiums for the new policy will be based on the premium rates in effect at the time the new policy is issued, and on other underwriting criteria.

The ***Incontestability and Suicide*** provisions will be effective from the Policy Date of this Policy.

PAYMENT OF BENEFITS

Payment

Any amount to be paid under this Policy will be paid in a lump sum, unless one (1) of the following payment options is chosen. All or part of the amount to be paid may be applied to any payment option.

Payment Options

1. **Fixed Period Payments** – We will make periodic payments for a fixed period. The first payment will be paid as of the last day of the initial payment interval. The maximum time over which payments will be made by us or money will be held by Us is thirty (30) years.
2. **Life Income Payments** – Monthly payments will be made according to the option chosen below. The first payment will be made on the date this option takes effect. Payments will be based on the payee's sex and age on the date the first payment is due. Payment will be subject to satisfactory proof of the payee's age.
 - (a) Life Income – Payments will be made only during the lifetime of the payee.
 - (b) Life Income with Period Certain – Payments will be made for a guaranteed period of either ten (10) or twenty (20) years. Such payments will be made even if the payee dies. After the period certain, payments will only be made while the payee is alive.
3. **Other Payment Options** – Any amount payable under this Policy may be paid in any manner agreed to by Us.

Amounts applied to the Life Income Options will be based on rates declared by Us. Payments will not be less than the minimums described in the Minimum Income Tables.

Minimum income rates are based on the Annuity 2000 Mortality Table for blended lives (60% female/40% male). Interest is assumed at the rate of [one percent (1%)] per year for all guaranteed settlement option factors, values and benefits under this Policy.

Payment Frequency

Annual, semi-annual or quarterly payments may be made instead of monthly.

Payment Option Guidelines

Choice of Payment Options

If the Insured did not elect a payment option, the Beneficiary may choose a payment option after the death of the Insured.

Effective Date

The most recent payment option chosen, if any, by You and recorded at Our Life Administration Office while the Insured is alive, will take effect on the date the Insured dies. All other payment options, if any, will take effect when the Written Request is recorded at our Life Administration Office or later, if specified.

Transfer Between Options

A Beneficiary receiving payment under an option with the right to withdraw may transfer the amount available to be withdrawn to any other option available.

Life Income Option Limitations

The life income option will not be available, except with our consent, if the payee is one (1) of the following:

- 1) corporation;
- 2) partnership;
- 3) association; or
- 4) guardian, trustee or representative of an estate.

Minimum Amounts

Amounts of less than \$5,000 may not be applied under any payment option. If payments are less than \$20.00, We have the right to change the payment frequency or pay the full amount available to be withdrawn.

Payment Certificate

At the time an amount becomes payable under a payment option, a payment certificate will be issued to the payee in exchange for this Policy. The effective date of the certificate will be the effective date of the option.

Death of Payee

If any payments remain to be made when the payee dies, they will be made according to the terms of the payment certificate.

Withdrawal and Change Limitations

The right to change the method of payment will be available, if it is provided in the payment certificate. Any change or withdrawal will be subject to **Payment Options** and **Payment Option Guidelines** provisions of this Policy.

Deferment

We may delay paying a withdrawal for up to six (6) months from the date the Written Request is recorded at our Life Administration Office. If We delay for thirty (30) days or more, interest will be paid on the withdrawal at an effective rate of [one percent (1%)]. We may declare a higher rate from the date the withdrawal request is recorded to the payment date. We also may require return of the payment certificate for endorsement.

Minimum Income Tables

The tables list the minimum income per \$1,000 of the amount applied under Options 1 and 2.

MINIMUM INCOME TABLES
MINIMUM INCOME PAYMENTS FOR EACH \$1,000 OF AMOUNT PAYABLE

OPTION 1 — FIXED PERIOD PAYMENTS

Period (Years)	Annual Payment	Semi-Annual Payment	Quarterly Payment	Monthly Payment
1	[\$1,010.00	\$503.74	\$251.55	\$83.78
2	507.51	253.12	126.40	42.10
3	340.02	169.58	84.68	28.20
4	256.28	127.82	63.83	21.25
5	206.03	102.76	51.31	17.09
6	172.54	86.05	42.97	14.31
7	148.62	74.12	37.01	12.32
8	130.69	65.18	32.55	10.84
9	116.74	58.22	29.07	9.68
10	105.58	52.65	26.29	8.75
11	96.45	48.10	24.02	8.00
12	88.84	44.31	22.12	7.37
13	82.41	41.10	20.52	6.83
14	76.90	38.35	19.15	6.37
15	72.12	35.97	17.96	5.98
16	67.94	33.88	16.92	5.63
17	64.25	32.04	16.00	5.33
18	60.98	30.41	15.18	5.05
19	58.05	28.95	14.45	4.81
20	55.41	27.63	13.80	4.59]

OPTION 2 — LIFE INCOME PAYMENTS

Age Nearest Birthday of Payee When 1 st Payment is Payable	Life Only	10 Year Certain	20 Year Certain	Age Nearest Birthday of Payee When 1 st Payment is Payable	Life Only	10 Year Certain	20 Year Certain
0-10	[\$1.60	\$1.60	\$1.60	45	\$2.56	\$2.56	\$2.53
11	1.62	1.62	1.62	46	2.61	2.61	2.58
12	1.63	1.63	1.63	47	2.67	2.66	2.62
13	1.65	1.65	1.65	48	2.72	2.71	2.67
14	1.67	1.67	1.66	49	2.78	2.77	2.73
15	1.68	1.68	1.68	50	2.84	2.83	2.78
16	1.70	1.70	1.70	51	2.91	2.89	2.84
17	1.72	1.72	1.71	52	2.98	2.96	2.89
18	1.73	1.73	1.73	53	3.05	3.03	2.95
19	1.75	1.75	1.75	54	3.12	3.10	3.02
20	1.77	1.77	1.77	55	3.20	3.18	3.08
21	1.79	1.79	1.79	56	3.28	3.26	3.15
22	1.81	1.81	1.81	57	3.37	3.34	3.21
23	1.83	1.83	1.83	58	3.46	3.43	3.28
24	1.86	1.85	1.85	59	3.56	3.52	3.35
25	1.88	1.88	1.87	60	3.67	3.62	3.43
26	1.90	1.90	1.90	61	3.78	3.72	3.50
27	1.93	1.92	1.92	62	3.90	3.83	3.58
28	1.95	1.95	1.95	63	4.02	3.95	3.65
29	1.98	1.97	1.97	64	4.16	4.07	3.73
30	2.00	2.00	2.00	65	4.30	4.20	3.80
31	2.03	2.03	2.02	66	4.45	4.33	3.87
32	2.06	2.06	2.05	67	4.61	4.47	3.95
33	2.09	2.09	2.08	68	4.79	4.62	4.01
34	2.12	2.12	2.11	69	4.97	4.77	4.08
35	2.15	2.15	2.14	70	5.17	4.93	4.15
36	2.19	2.18	2.18	71	5.39	5.10	4.21
37	2.22	2.22	2.21	72	5.62	5.28	4.26
38	2.26	2.26	2.24	73	5.86	5.46	4.31
39	2.30	2.29	2.28	74	6.13	5.64	4.36
40	2.34	2.33	2.32	75	6.42	5.83	4.40
41	2.38	2.37	2.36	76	6.72	6.03	4.43
42	2.42	2.42	2.40	77	7.06	6.23	4.46
43	2.47	2.46	2.44	78	7.41	6.43	4.49
44	2.51	2.51	2.48	79	7.80	6.62	4.51]

Age Nearest Birthday of Payee When 1 st Payment is Payable	Life Only	10 Year Certain	20 Year Certain
80	[\$8.21	\$6.82	\$4.53
81	8.66	7.01	4.55
82	9.15	7.20	4.56
83	9.67	7.37	4.57
84	10.23	7.54	4.58
85	10.83	7.69	4.58
86	11.48	7.84	4.59
87	12.17	7.97	4.59
88	12.91	8.09	4.59
89	13.69	8.19	4.59
90	14.51	8.29	4.59
91	15.38	8.37	4.59
92	16.30	8.45	4.59
93	17.26	8.51	4.59
94	18.27	8.57	4.59
95	19.34	8.61	4.59]

NOTICE

This Policy is valuable property. If anyone suggests replacing it, please contact Us first to be certain of Your rights.

When You write to Us, please give Us Your name, address and policy number. Please notify Us promptly of any changes. We will write to You at Your last known address shown on our records.

GREAT AMERICAN LIFE INSURANCE COMPANY[®]

TERM LIFE INSURANCE TO AGE 95

**Proceeds payable if the Insured dies while this policy is in force.
Premiums payable while the Insured is alive until the Expiration Date.**

**Convertible
Non-participating**



LIFE INSURANCE COMPANY

Administrative Mailing Address: P.O. Box 5420, Cincinnati, Ohio 45201-5420

October 30, 2008

NAIC No. 0084-63312

FEIN No. 13-1935920

Insurance Commissioner Julie Benafield Bowman
Compliance - Life and Health
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: Request For Approval - Great American Life Insurance Company
P2201408AR Term Life Insurance to Age 95
P2201408AR-5 Policy Specifications Pages for 5 year Term
P2201408AR-10 Policy Specifications Pages for 10 year Term
P2201408AR-15 Policy Specifications Pages for 15 year Term
P2201408AR-20 Policy Specifications Pages for 20 year Term
P2201408AR-30 Policy Specifications Pages for 30 year Term

Dear Insurance Commissioner Benafield Bowman:

Enclosed for your review and approval, please find the form referenced above. This form is a new form and does not replace any existing form, nor has it been previously submitted to your Department for preliminary review. This submission does not contain any provisions, conditions, or concepts that are uncommon, unusual or possibly controversial from the standpoint of normal company or industry standards.

Form P2201408AR is an individual indeterminate premium term life insurance policy. The initial premium levels are guaranteed for periods of 5, 10, 15, 20 or 30 years. After the initial level premium period, the premium rates increase annually to age 95, on a current and guaranteed basis.

This form will only be issued to current policyholders who exercise their contractual right to exchange their term policy for another term policy at the end of their guaranteed period. No agent will be involved in this process. This policy will not be illustrated. An actuarial memorandum and applicable rates are being filed under separate cover.

Application form number A2201708NW will be used to apply for this policy. It has been approved under separate cover on 10/20/2008, under file tracking # 40571.

With this information, I look forward to receiving a favorable response to this filing.

STEPHEN E. ESSMAN, ACS, AIAA, AIRC , COMPLIANCE SPECIALIST
(800) 854-3649 (TOLL FREE - EXT. 12731)
(513) 412-2731 (DIRECT DIAL) * (513) 412-1470 FAX

If you have any questions or require additional information regarding this submission, please feel free to contact me at either of the phone numbers indicated below or via e-mail at sessman@gafri.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen E. Essman". The signature is fluid and cursive, with the first name "Stephen" being more prominent.

Stephen E. Essman, ACS, AIAA, AIRC
Compliance Specialist